MI ARIE COPY Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 100637 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE [**SMALL ENTITY** OR **TOTAL CLAIMS RATE FEE** RATE FEE **FOR** NUMBER FILED BASIC FEE 370.00 BASIC FEE 740.00 **NUMBER EXTRA** OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42 =X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN **SMALL ENTITY SMALL ENTITY** OR (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **NUMBER PRESENT** RATE TIONAL RATE TIONAL ENT **AFTER PREVIOUSLY EXTRA FEE** FEE **AMENDMENT** PAID FOR ENDM Total Minus X\$ 9= X\$18=OR Independent Minus X42 =X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140 =OR Land Sparing Conference Conference (Conference Conference Conferen TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI- $\mathbf{\omega}$ REMAINING NUMBER **PRESENT** TIONAL **RATE** RATE TIONAL **AMENDMENT PREVIOUSLY AFTER EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-O REMAINING NUMBER **PRESENT RATE** TIONAL RATE **TIONAL PREVIOUSLY AFTER EXTRA** AMENDMENT PAID FOR FEE FEE END Total Minus X\$ 9= X\$18= OR Minus Independent X42 =X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

+280=

TOTAL

+140=

ADDIT. FEE

TOTAL

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

FORM PTO-875 (Rev. 8/01)